

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099248

Entity Name: DESTRO SERVICES, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

1821 N.E. 65TH STREET
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

1821 N.E. 65TH STREET
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 33-1180601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANGORA, C. DAVID
200 S.E. 18TH CT.
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMONE, JAMES
Address: 1821 N.E. 65TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: SIMONE, JAMES PRES.
Address: 1821 N.E. 65TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VP () Change (X) Addition
Name: LANGFORD, SHAWN A VP
Address: 5296 NE 2ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SIMONE

PRES

04/08/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date